

**AGRICULTURAL MARKETING ACT  
EXAMINATION SCORE SHEET AND REPORT  
SAMPLER AND TECHNICIAN**

**NAME OF APPLICANT:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_ **SERVICE POINT:** \_\_\_\_\_

**FIELD OFFICE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXAMINATION FOR:** SAMPLER FUNCTION(S) /\_\_\_/ TECHNICIAN FUNCTION(S) /\_\_\_/

**SENSORY EXAMINATION: \***

Optical: Not Applicable /\_\_\_/ Pass /\_\_\_/ Fail /\_\_\_/

Odor: Not applicable /\_\_\_/ Pass /\_\_\_/ Fail /\_\_\_/

**WRITTEN PRACTICAL EXAMINATION(S):**

_____ %	_____ %	_____ %	
_____ %			
SAMPLING GRADED COMMODITIES	SAMPLING PROCESSED COMMODITIES	CHECKLOADING	CHECKWEIGHING
_____ %	_____ %	_____ %	_____ %
CONDITION OF CONTAINER	FALLING NUMBER	BRINING PEAS	FREE FATTY ACID/OIL _____ %
_____ %	_____ %	_____ %	_____ %
DOCKAGE	MOISTURE SIZING	STOWAGE	
_____ %	_____ %	_____ %	
AFLATOXIN (METHOD _____)	VOMITOXIN (METHOD _____)	OTHER (SPECIFY _____)	

ATTACHMENT 2  
FGIS-PN-98-9  
3/11/98

**PRACTICAL EXAMINATION(S):** (Mark "P" for pass and "F" for fail)

_____ % SAMPLING GRADED COMMODITIES	_____ % SAMPLING PROCESSED COMMODITIES	_____ % CHECKLOADING
_____ % _____ % CHECKWEIGHING	_____ % _____ % CONDITION OF CONTAINER	_____ % _____ % BRINING PEAS
		_____ % _____ % FALLING NUMBER
		_____ % _____ % FREE FATTY ACID/OIL
_____ % DOCKAGE	_____ % MOISTURE	_____ % _____ % SIZING
		_____ % _____ % STOWAGE
_____ % AFLATOXIN (SPECIFY METHOD _____)	_____ % VOMITOXIN (SPECIFY METHOD _____)	_____ % OTHER (SPECIFY)

I certify that the examination(s) given to the above named person has been conducted in accordance with current FGIS policy and directives.

_____ Examiner	Date	_____
_____ Agency Manager	Date	_____
_____ Field Office Manager	Date	_____

Observations and Remarks: